



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Ernie Fletcher
Governor

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Mark D. Birdwhistell
Secretary

Glenn Jennings
Commissioner

February 08, 2007

TO: Nursing Facility (12) Providers
Provider Letter Number: A-224

RE: MAP 350
Mandatory Usage

Dear *KyHealth Choices* Provider:

This letter is to provide policy guidance and emphasize the mandated requirement that all Medicaid members, eligible Medicaid recipients, private pay individuals and/or others, who have been determined by the PRO to meet Nursing Facility Level of Care, who either anticipate being in or are in an institution, are given the choice of receiving services either in an institution or in their home and/or community. Prior to admission, and annually thereafter, a Nursing Facility provider must complete a MAP-350 form to document each resident's choice. Annually means that no more than 365 days will have elapsed from the last signed MAP-350 form. Providers may send these forms out for completion more often than annually, if desired. The original signed MAP-350 form must be maintained in that resident's medical record.

Also, the MAP-350, at the time of completion, shall be signed and dated appropriately by the recipient/legal guardian certifying they have read and/or been informed and understand the information. Please be advised that predating and/or dating MAP-350's other than the actual date of completion is not appropriate. The actual date signed shall be noted with no instances of pre-dating or back-dating, no "write overs", no "white outs", or improper corrections. The appropriate individual's initials shall be noted when corrections may be needed.



KyHealth Choices Provider

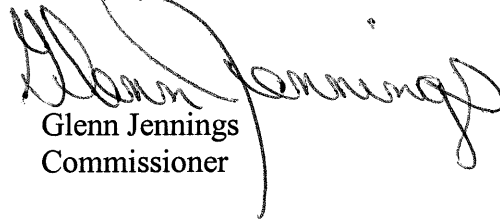
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In accordance with 907 KAR 1:022, a nursing facility shall be required to comply with resident review requirements and failing to comply shall be subject to disenrollment, with exclusion from participation to be accomplished in accordance with 907 KAR 1:671, 42 C.F.R. 431.153 and 431.154.

If you have any questions, please contact Judy Montfort, RN at 502-564-5707 (Eastern Time), Monday through Friday, 8:00 a.m. until 4:30 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read "Glenn Jennings", written over a horizontal line.

Glenn Jennings
Commissioner

Xc: Nursing Facility (12) Provider Letter: A-224

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